

Application for Employment

Submit To:
Madison Commissioner of Revenue
P.O. Box 56
Madison, Virginia 22727
(540) 948-4421

(Please Print or Type)

Position Applied For: _____ Date of Application: ____/____/____

Name: _____ Social Security # _____
Last First Middle

Address: _____
Street City State Zip

Telephone Number: (____) _____ Mobile/Beeper Number: (____) _____

E-mail Address: _____ Fax Number: (____) _____

Are you 18 years of age or older? ☐ Yes ☐ No

If hired, can you provide written evidence that you are authorized to work in the U.S.? ☐ Yes ☐ No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No
If yes, please provide dates and details: _____

Do you hold a valid Virginia Driver's License? ☐ Yes ☐ No
U.S. Military Service: ☐ Yes ☐ No If yes, please list branch of service, dates, rank, training/experience received: _____

Date available for work? ____/____/____ What is your desired salary range: \$ _____

Type of Employment Desired: ____ Full-Time ____ Part-Time ____ Seasonal

Is there any information we would need about your name, or use of another name, for us to be able to check your work record: ☐ Yes ☐ No Please Specify: _____

Education

Elementary, Junior High or High School Attended: _____
Location: _____ Highest Grade Completed: _____ Date of Graduation: ____/____/____

If you did not graduate, have you received a high school equivalency diploma? ☐ Yes ☐ No
If yes, date received: ____/____/____

College/University Attended: _____
Location: _____ Type of degree received: _____ Date degree received: ____/____/____

College/University Attended: _____
Location: _____ Type of degree received: _____ Date degree received: ____/____/____

Technical /Other Attended: _____

Location: _____ Type of certification received: _____
Date certification received: ____/____/____

Employment History

Provide the following information of your past four (4) employers, starting with most recent:

From ___/___/___ To ___/___/___ Position Held: _____ Rate of Pay: _____ Description of Work Performed: _____ _____ Reason for Leaving: _____	Employer: _____ Immediate Supervisor: _____ Address: _____ Telephone Number: _____ _____ May We Contact For A Reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	
From ___/___/___ To ___/___/___ Position Held: _____ Rate of Pay: _____ Description of Work Performed: _____ _____ Reason for Leaving: _____	Employer: _____ Immediate Supervisor: _____ Address: _____ Telephone Number: _____ _____	
From ___/___/___ To ___/___/___ Position Held: _____ Rate of Pay: _____ Description of Work Performed: _____ _____ Reason for Leaving: _____	Employer: _____ Immediate Supervisor: _____ Address: _____ Telephone Number: _____ _____	
From ___/___/___ To ___/___/___ Position Held: _____ Rate of Pay: _____ Description of Work Performed: _____ _____ Reason for Leaving: _____	Employer: _____ Immediate Supervisor: _____ Address: _____ Telephone Number: _____ _____	

Please list any additional information that relates to your ability to perform the job for which you have applied - such as licenses, professional memberships, certifications, etc.:

References (Do not include Relatives)

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicants Statement:

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer if so noted above, to provide any information requested about me and I release them from all liability for damage in providing this information. I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal of this application.

Applicant's Signature _____

Applicants Do Not Write Below This Line

Deadline for Submitting Application: ___/___/___
 Date Application Received ___/___/___